

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

**APPLICATION FOR REINSTATEMENT
OF A DOMESTIC
LIMITED LIABILITY COMPANY**

Pursuant to SDCL 47-34A-811, the following domestic Limited Liability Company applies for reinstatement.

1. The name of the Limited Liability Company is: _____
2. The date of its administrative dissolution _____
3. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees _____

4. The LLC's name satisfies the requirements of SDCL 47-34A-105.
5. **Attached hereto is a certificate from the Department of Revenue reciting that any taxes owed by the LLC have been paid.**

Application must be signed by a manager if manager-managed or by a member if member-managed.

Dated _____

(Signature)

(Title)

Filing Fee: \$125

The application for reinstatement must be accompanied by the delinquent annual reports and fees as noted on the report forms and a Tax Clearance Certificate from the South Dakota Department of Revenue.